	Under th	e Paperwork Red	uction Act	of 100E			US Pa	lent and T	Approved (	or use th	1 10ugh 7/31/2006	PTO/SB/06 (0.	8.03)
U.S. Patent and Trademark Off PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										fice: U.S. DEPARTMENT OF COMMERCE ess it displays a valid OMB control number.			
										19-88982			
	CLAIMS AS FILED - PART I (Column 1) (Column 2)												
	-	OR			(Column 2)		SMALL ENTI		ΓΙΤΥ	OR	OTHER THAN SMALL ENTITY		
	BASIC FFF		NUMBE	R FILED	NUMBER EXTRA			RATE FEE			OWAL		
	(37 CFR 1.16 TOTAL CLAIR	MS					7	-	FEE	OR	RATE	FEE	
	(37 CFR 1.16	(c))	minus 20 =				┥┝—				L	s	
	INDEPENDER (37 CFR 1.16)	NT CLAIMS					× 5_	_ =		OR	X \$ =		$\neg$
				minus 3 =	•		x s	_ =		0.5		<del> </del>	$\dashv$
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						] [			OR	X S=	ļ	$ \bot $
	*If the differen	* If the difference in column 1 is less than zero, enter *0* in column 2.					J [-3	==-		OR	+ \$=	1	-
		יטיאנ									TOTAL		7
	CLAIMS AS AMENDED - PART II										. •		$\dashv$
	5-26-	CCOlumn	(C)	olumn 2) (C								-	
	15/	CLAIN	1S		HEST (Column 3)		SM.	ALL ENTIT	Y	OR	OTHER	THAN	1
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	REMAIN AFTE		NU	MBER PRESENT IOUSLY EXTRA FOR		RATE	AD		Γ	SMALL E	NTITY	4
ĺ	Total (37 CFR 1.16) (37 CFR 1.16)	AMENDA		PAIL			1	TIOI	VAL	- 1	RATE	ADDI-	
	(37 CFR 1.16) Independen		2 / "	nus '' <	57		25	FE	E			TIONAL . FEE	1
I	(37 CFR 1.16(	5	Minus		12		x : 25 = x : 100 =			OR X	:50=		7
I	FIRST PRES	SENTATION OF MU		/	4			<u>-</u>		OR X	,200=		+-
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+:180	_	$\neg$				1
l				TOTAL		°		5 DED=					
L			ADD'L FE	· L			DTAL DD'L FEE						
	. 1	(Column 1) CLAIMS REMAININ		(Colu		umn 3)					<b>-</b>		
	Total (37 CFR 1.16(c))  Independent (37 CFR 1.16(b))	AFTER	1	NUMB PREVIO		SENT TRA	RATE	ADDI-					
	Total	AMENDMEN	Minu	PAID F		I KA	1	TIONA			RATE	ADDI- TIONAL	
!	(37 CFR 1.16(c))  Independent	<del> </del>			=		v.76	FEE	$\dashv$	-		FEE	
1	(37 CFR 1.16(b))		Minus		=		x \$ <u>Z5</u> =	┽	OR	× s,	<u> 50 = </u>	1	
_	FIRST PRESEN	TATION OF MULTI	MULTIPLE DEPENDENT CLAIM (3)					<del> </del>	OR	X S	200=		
			L	+s/BO=	1	OR	1	360=					
							TOTAL ADD'L FEE		7	TOT.			
_	T			L	OR		'L FEE						
_	1	CLAIMS REMAINING		(Column :					_	_			
ä	L	AFTER AMENDMENT	1	NUMBER PREVIOUS	LY EXTR		RATE	ADDI-	1				
₹	Total (37 CFR 1.16(c))	*	Minus	PAID FOR		$\sqcup L$		TIONAL FEE	1	"		DDI- NAL	
	Independent	<del></del>		<u></u>	=	$\int_{-\infty}^{\infty}$	<u> 25 = </u>		1	<u> </u>	FI	EE	
3	(37 CFR 1.16(b))		Minus	***	=				OR	x \$ 5	0=	_	
	FIRST PRESENTA	TION OF MULTIPLE	DEPENDE	VT CLAIM (22	CER 1 (S)	$\dashv \vdash^{\times}$	s/00=		OR	x s Z	00		
				. SOM (37	CFR 1.16(d))		s/80=		OR	+ 30			
٠	If the entry in cold If the "Highest Nu	umn 1 is less than	tho s=1			۸.	DTAL DD'L FEE	]		TOTAL			•
							L.,		OR	ADD'L F	EE		
-	THE PROPERTY OF THE PARTY OF TH	ber Previously P	aid For" (To	THIS SPACE	is less than 3	.u. enter "21 , enter "3"	υ <sup></sup> ,			-		7	
-00	lection of informa	tion is required t	27.055	or muchel	uent) is the high	thest numb	er found in the						

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the INSTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.